

Registered pharmacy inspection report

Pharmacy Name: Swindon Pharmacy, May Close, SWINDON, SN2
1UU

Pharmacy reference: 1119465

Type of pharmacy: Community

Date of inspection: 12/08/2021

Pharmacy context

This is a community pharmacy which is based in a medical centre in Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance packs for people to use living in their own homes. This inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members have some procedures in place to record and review mistakes when they happen. But they could record their near miss mistakes more consistently and use this information to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing face coverings in the pharmacy. People were encouraged to wear face coverings when attending the pharmacy. Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary, but the last recorded entry was in July. A dispenser explained the concept of 'sound alike' and 'look alike' medicines and there was a poster detailing examples of these in the dispensary.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded electronically and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. Records of dispensing errors were kept, and these included a root cause analysis to assess why the error had happened.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed regularly. New SOPs were being implemented in the pharmacy at the time of the inspection and staff were in the process of signing them. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The contractual requirement to carry out a Community Pharmacy Patient Questionnaire (CPPQ) had been waived due to COVID-19 pandemic. However, staff said that they always encouraged patients to provide feedback. A certificate of public liability and indemnity insurance from the NPA was held and was valid and in date until the end of February 2022.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. A stock check on CDs was carried out every month. The responsible pharmacist (RP) record was retained but entries omitted the time the pharmacist ceased responsibility. The RP notice was displayed and could be clearly seen by

the public. There was one fridge in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly, but records were not kept consistently to demonstrate this. Short-dated stock was marked with stickers. The private prescription, emergency supply and specials records were kept and were in order.

An information governance policy was in place. The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and shredded intermittently with a cross-cut shredder. People's confidential information was stored securely.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were not readily available in the pharmacy and the pharmacist reported that he would address this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and three dispensing assistants present during the inspection. They were seen to be working well with each other. Certificates of completed training were displayed near the medicines counter. The pharmacist reported that staff meetings would take place on an ad-hoc basis to discuss any business updates or significant errors.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy's head office sent down monthly updates including seasonal training packages for staff to complete. Staff received some time to complete any required training. During the COVID-19 pandemic, pharmacy staff reported that they had utilised some online resources from the PSNC and Public Health England. This included learning more details about the virus, how its spread and the significance of testing and tracing.

Staff reported that they felt comfortable in approaching the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. And the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a medical centre. It was clean, bright and had a professional appearance. It had a retail area towards the front and a spacious dispensary area towards the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a hatch available for use so people did not have to enter the pharmacy to collect prescriptions or access services. There was a plastic screen separating the retail area from the dispensary. The doors were kept open to allow for ventilation of the pharmacy to mitigate the risk of COVID-19 transmission.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. Conversations inside the consultation room could not be overheard. The consultation room was also used as a storage area for various boxes and did not present a professional image to patients. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. Where a medicinal product is not fit for purpose, the team takes appropriate action. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. There was large label printing available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance packs for 158 patients in their own homes. These were organised using a four-weekly cycle and were colour coded. Audit trails were kept to indicate where each compliance pack was in the dispensing process. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH, Alliance, DE, Doncaster and Bestway. Specials could be obtained from a variety of suppliers such as Alliance specials and Sterling specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a range of crown stamped measures available for use. However, there were two 100ml plastic measures in use which were not crown stamped. The pharmacist agreed to remove these. Amber medicines bottles were capped when stored. A counting triangle and capsule counter were also available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.